## the Stafford Gymnastics Suspension/Cancellation Form

Child Surname:	Child First	t Name:	DOB:
Child's Class:	Class Day:		Class Time:
Parent/Guardian Full Name:		N	lobile No.:
Suspension Request From	: То:		
fourteen (14) days' notice (wi Members are entitled to su	th 4 hours or more notice be spend their enrolment for a n	efore next booke naximum of 2 un	afford@ymcabrisbane.org. You must provide ad class) if you wish to suspend your enrolment paid weeks per 12 week block of payments (8 me period. Suspensions <u>will not</u> be back dated
Cancellation Request - Ple	ase confirm that 12 Active W	Veeks have been	completed YES/NO
Last Day of Attendance:			
To assist us in always improvi	ng, please provide your REAS	SON FOR CANCE	LLATION:
	0, ,		-
provide fourteen (14) days		e notice before	ive weeks (6 fortnightly payments. You must next booked class) if you wish to cancel your afford@ymcabrisbane.org.
	-	ing fees must be	n. Any fees due within your fourteen (14) days' paid at the time of cancellation. Cancellations of your request.
	*Cancellation notice may not	coincide with any	fee suspension.*
Parent/Guardian Signature: _		Date:	
	Office	e Use Only	
Suspension/Cancelation F	Received Date:	Time:	
Processed by:		Date: _	
Suspended Dates:	Actioned on Links:		
Cancelation Last Direct D	ebit Date:		
L	BLO	CK DATES	
2022 Dates		2023 Dates	
Block 1 - 10 <sup>th</sup> January – 2 <sup>nd</sup> April		Block 1 – 9 <sup>th</sup> January – 1 <sup>st</sup> Anril	

2022 Dates	2023 Dates	
Block 1 - 10 <sup>th</sup> January – 2 <sup>nd</sup> April	Block 1 – 9 <sup>th</sup> January – 1 <sup>st</sup> April	
Block 2 – 4 <sup>th</sup> April – 25 <sup>th</sup> June	Block 2 – 3 <sup>rd</sup> April – 24 <sup>th</sup> June	
Block 3 – 27 <sup>th</sup> June – 17 <sup>th</sup> Sept	Block 3 – 26 <sup>th</sup> June – 16 <sup>th</sup> Sept	
Block 4 – 19 <sup>th</sup> Sept – 10 <sup>th</sup> Dec	Block 4 – 18 <sup>th</sup> Sept – 9 <sup>th</sup> Dec	